PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column_1)		(Column 2)		TYF	TYPE		OF	OR SMALL ENTITY		
TOTAL CLAIMS			20			·		RATE	FEE		RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*		×	(S 9=		OR	XS18=		
INDEPENDENT CLAIMS			S m	inus 3 =	6	* 6		(43=		OR	X86=	516	
MULTIPLE DEPENDENT CLAIM PRESENT							+	145=	·	OR	÷290=		
* If the difference in column 1 is less than zero, enter "						column 2	T(DTAL		OR	TOTAL	1286	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							/ALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*.	Minus	**		=	×	S 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAINA	=	×	43=		OR	X86=		
	FIRST PRESE	ENTATION OF MI	- JETTPLE DE	PENDENT	CLATIVI		+1	45=		OR	+290=		
										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	AUUI	T. FEE (ADDII. PEET		
		CLAIMS		HIĞHI	EST				ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	·	PREVICE PAID I	USLY	PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**	<u> </u>	=	X	9=		OR	X\$18=		
AME	Ingependent	*	Minus	###		=	X	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								45=	•	OR	+290=		
									•	OR	TÖTÄL ADDIT. FÉE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RA	TĖ.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .	·	=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	3=		ľ	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
							+14	15=		OR	+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR ,	TOTAL		
***	f the "Highest Nu	mber Previously Panber Previously Paid	id For IN THI	S SPACE is	less than	n 3, enter "3."	70011			-	NDDIT. FEE L Imp. 1		
	ingrieschun	iber i reviously Fall	Or (TOTAL OF	mucheline	, 13 IIIE	mynest number	iodila (i)	me appi	טטיומנכ טטג	HI CUIL	etiil		